Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patent and Traden ork Office; U.S. DEPARTMENT OF COMMERCE Under the Papernorit Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. Application of Doctor Mymber PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER FILEO NUMBER EXTRA RATE (\$) FEE (1) RATE (5) FOR FEE (S) BASIC FEE N/A NA 150.00 NIA 300.00 ŅA (37 CFR 1.18(a), (b), or (c)) SEARCH FEE ŃΑ \$250 N/A. N/A \$500 N/A (37 CFR 1 16(14). (4). or (m)) **EXAMINATION FEE** N/A \$200 NA \$100 NVA NA (37 CFR 1.16(q), (p), or (q)) TOTAL CLAIMS X\$ 25 X\$50 OR (07 OFR 1.16(i)) minus 20 = INDEPENDENT CLAIMS X100 X200 minus 3 = (37 OFR 1.16(N) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each FEE £37 CFR 1,16(a)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +180= +360= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) TOTAL TOTAL " If the difference in column 1 is less than zero, enter "0" in column 2. RPLICATION AS AMENDED - PARTILI OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT RATE (\$) REMAINING NUMBER ADDI-RATE (\$) ADDI- . AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL FEE (\$) ENDMENT PAID FOR FEE (\$) Total G7 CFR 1/HQ) ũ Minus XS 25 X\$50 OR ENDM Minus X100 X200 Endependent OR Application Size Fee (87 CFR 1.16(s)) +180= +360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR TOTAL TOTAL OR ADO'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) ADDI-RATE (S) ADDI-**EXTRA AFTER PREVIOUSLY** TIONAL TIONAL FEE (\$) FEE (\$) AMENDMENT PAID FOR Total (37 CFR L18(8) Minus XS 25 X\$50 OR ENDM Independent O7 CFR 1.18(h)) Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) +360= +180= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR TOTAL TOTAL OR

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepering, and submitting the completed application form to the USPTO. Thre will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief infarmation Officer, U.S. Petent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

ADD'L FEE

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".